

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

JUN 18 2018

Bayfield Co. Zoning Dept.

Permit #:	18-0213
Date:	6-25-18
Amount Paid:	\$900 6-18-18
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Hans Dahl	Mailing Address: 76440 Paulson Rd	City/State/Zip: Washburn WI 54891	Telephone: 715-729-3600
Address of Property: 76440 Paulson Rd	City/State/Zip: Washburn WI 54891		Cell Phone: 715-209-1587
Contractor: Dahl Construction Co.	Contractor Phone: 715-209-1587	Plumber: Blekeman	Plumber Phone: 715-282-6050
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: —	Agent Mailing Address (include City/State/Zip): —	Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID# 04-050-2-49-05-33-01-000	Recorded Document: (Showing Ownership) 2009R 529204
NE 1/4, SW 1/4	Gov't Lot	Lot(s)	CSM
Vol & Page	CSM Doc #	Lot(s) No.	Block(s) No.
Subdivision:			
Section 33, Township 49 N, Range 5 W	Town of: Washburn	Lot Size	Acreage 10.99

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$300K	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Convention</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> _____	Use	<input checked="" type="checkbox"/> 6	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	one duplex 1-story	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____	and one 2 story	<input type="checkbox"/> _____		<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: 80	Width: 40	Height: 16'

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage	
year round <input checked="" type="checkbox"/> Residential Use Duplex 3-bed Rm Each.	<input type="checkbox"/>	Principal Structure (first structure on property)	(40 x 80)	3200	
	<input checked="" type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)		
		with Loft	(X)		
		with a Porch	(X)		
		with (2nd) Porch	(X)		
		with a Deck	(10 x 18)	180	
		with (2nd) Deck	(10 x 18)	180	
	<input type="checkbox"/> Commercial Use		with Attached Garage	(X)	
		<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, <u>or</u> <input type="checkbox"/> sleeping quarters, <u>or</u> <input type="checkbox"/> cooking & food prep facilities)	(X)		
		<input type="checkbox"/> Mobile Home (manufactured date) _____	(X)		
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)		
	<input type="checkbox"/>	Accessory Building (specify) _____	(X)		
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)		
	<input type="checkbox"/>	Special Use: (explain) _____	(X)		
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)		
	<input type="checkbox"/>	Other: (explain) _____	(X)		

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): [Signature]
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date 6-18-18

Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

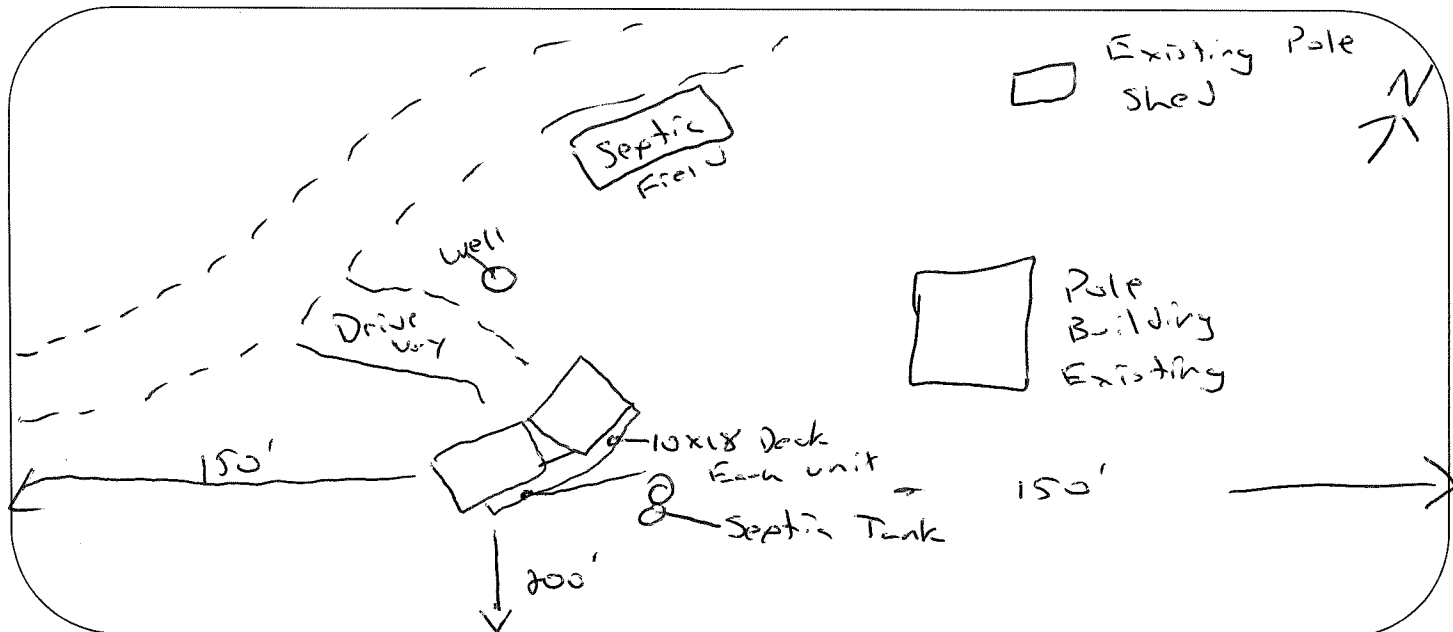
Date _____

Address to send permit _____

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement			Description	Measurement	
Setback from the Centerline of Platted Road	100	Feet		Setback from the Lake (ordinary high-water mark)	7	Feet
Setback from the Established Right-of-Way	80	Feet		Setback from the River, Stream, Creek	1	Feet
				Setback from the Bank or Bluff	1	Feet
Setback from the North Lot Line	500	Feet				
Setback from the South Lot Line	200	Feet		Setback from Wetland	1	Feet
Setback from the West Lot Line	150	Feet		20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Setback from the East Lot Line	150	Feet		Elevation of Floodplain	1	Feet
Setback to Septic Tank or Holding Tank	80	Feet		Setback to Well	50	Feet
Setback to Drain Field	40	Feet				
Setback to Privy (Portable, Composting)	1	Feet				

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 14-605	# of bedrooms: 6	Sanitary Date: 8/7/14
Permit Denied (Date):		Reason for Denial:		
Permit #: 180213		Permit Date: 6-25-18		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record) <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Build site cleared	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record: Previous permit for this project expired (permit 14-0072). Build site was cleared and appears code compliant as proposed. Property not divided as referred to in 13-1-42(b)		Zoning District (F1)		
Date of Inspection: 6/22/18		Lakes Classification (—)		
Inspected by: Todd Norwood		Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)				
30,000 sq ft of open space shall be provided for each duplex unit per section 13-1-4 (14). VDC permit and inspections shall be obtained and complied with.				
Signature of Inspector: Todd Norwood				Date of Approval: 6/25/18
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

age, State or Federal
Also Be Required

USE - X
SANITARY - 14-60S
SIGN -
SPECIAL -
CONDITIONAL -
BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **18-0213** Issued To: **Hans & Bethany Dahl**

That part of the W ½ of

Location: **NE ¼ of SW ¼** Section **33** Township **49** N. Range **5** W. Town of **Washburn**
Lying S of Paulson Rd

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Use: [2- Story; Duplex (40' x 80') = 3,200 sq. ft.; 2 Decks (10' x 18') = 180 sq. ft.]**
(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): 30,000 sq. ft. of open space shall be provided for each duplex unit per section 13-1-4(14). UDC permit and inspections shall be obtained and complied with.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

June 25, 2018

Date